



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

McWILLIAMS, RICK

Serial No.: 10/660,673

Filed: 09/11/2003

TALKING TELESCOPE

Docket No.: 33071

Confirmation No.: 7575

Group Art Unit No.: 2872

Examiner: FINEMAN, LEE A.

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TRANSMITTAL

Transmitted herewith are: Transmittal; Amendment Transmittal Letter (1 Page);  
Amendment (11 Pages); and return postcard.

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EV 597771666 US

Express Mail No.

Respectfully submitted,

HOVEY WILLIAMS LLP

Dated: March 22, 2005

by

Thomas B. Luebbering, Reg. No. 37,874

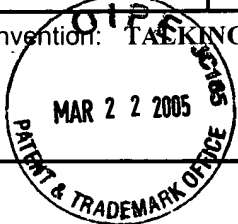
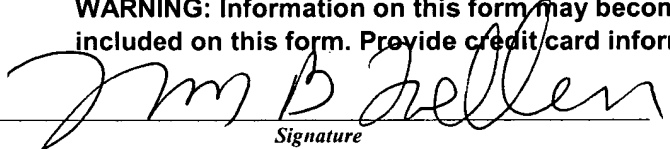
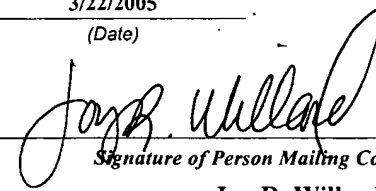
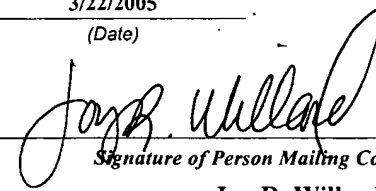
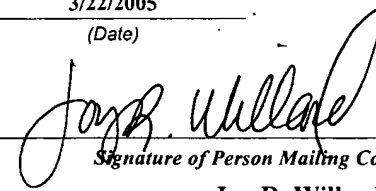
HOVEY WILLIAMS LLP

2405 Grand Boulevard, Suite 400

Kansas City, Missouri 64108

816/474-9050

ATTORNEYS FOR APPLICANT

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. <b>33071</b>									
Applicant(s): <b>MCWILLIAMS, RICK</b>														
Application No. <b>10/660,673</b>	Filing Date <b>9/11/2003</b>	Examiner <b>FINEMAN, LEE A.</b>	Customer No. <b>23589</b>	Group Art Unit <b>2872</b>	Confirmation No. <b>7575</b>									
Invention: <b>TACKLING TELESCOPE</b>														
 <b>COMMISSIONER FOR PATENTS:</b>														
Transmitted herewith is an amendment in the above-identified application.														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27														
The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	20 -	20 =	0	x \$25.00	\$0.00									
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-0522</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: <b>March 22, 2005</b>											
<b>Thomas B. Luebbering, Reg. No. 37,874</b> <b>HOVEY WILLIAMS LLP</b> <b>2405 Grand Boulevard, Suite 400</b> <b>Kansas City, MO 64108-2519</b> <b>(816) 474-9050</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>3/22/2005</b> (Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____          Signature of Person Mailing Correspondence       </td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Joy R. Willard</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>3/22/2005</b> (Date)		 _____ Signature of Person Mailing Correspondence		<b>Joy R. Willard</b>		Typed or Printed Name of Person Mailing Correspondence	
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 _____ Signature of Person Mailing Correspondence														
<b>Joy R. Willard</b>														
Typed or Printed Name of Person Mailing Correspondence														
cc:														